

State of Misconsin LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 05/02/2006 (Per: CTS)

™ Appendix A

The <u>2005</u> drafting file for LRB 05–4963/1

has been copied/added to the 2005 drafting file for

LRB 05-5001

The attached 2005 draft was incorporated into the new 2005 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied, and added, as a appendix, to the new 2005 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

2005 DRAFTING REQUEST

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Received: 04/21/2006 Wanted: As time permits For: Daniel LeMahieu (608) 266-9175 This file may be shown to any legislator: NO May Contact:					Received By: csundber Identical to LRB: By/Representing: Ron Sklansky Drafter: csundber Addl. Drafters:												
									Subject: Occupational Reg misc					Extra Copies:			
									Submit	via email: YES	;						
									Requester's email: Rep.LeMahieu@legis.state.wi.us								
									Carbon	arbon copy (CC:) to: christopher.sundberg@legis.state.wi.us							
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2005 DRAFTING REQUEST

Bill

Received: 04/21/2006

Wanted: As time permits

For: Daniel LeMahieu (608) 266-9175

This file may be shown to any legislator: NO

May Contact:

Subject:

Occupational Reg. - misc

Received By: csundber

Identical to LRB:

By/Representing: Ron Sklansky

Drafter: csundber

Addl. Drafters:

Extra Copies:

Submit via email: YES

Requester's email:

Rep.LeMahieu@legis.state.wi.us

Carbon copy (CC:) to:

christopher.sundberg@legis.state.wi.us

Pre Topic:

No specific pre topic given

Topic:

Prohibit dental examining board from promulgating rule limiting dosage of oral conscious sedatives

Instructions:

See Attached

Drafting History:

Vers.

Drafted

Reviewed

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Submitted

Jacketed

Required

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FE Sent For:

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STATE OF WISCONSIN DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE : DENTISTRY EXAMINING BOARD DENTISTRY EXAMINING BOARD

PROPOSED ORDER OF THE ADOPTING RULES (CLEARINGHOUSE RULE 04-095)

PROPOSED ORDER

An order of the Dentistry Examining Board to repeal DE 11.02 (5), 11.11 and 11.12; to amend DE 11.02 (1) to (4); to repeal and recreate DE 11.03 to 11.10; and to create DE 11.02 (1m) and (6) to (11), relating to the requirements for administering the office facilities and equipment for safe and effective administration and the applicable standards of care, and to provide for reporting of adverse occurrences related to anesthesia administration.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statute interpreted: Section 447.02 (2) (b), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) and 447.02 (2) (b), Stats.

Explanation of agency authority:

The Dentistry Examining Board has the authority under s. 447.02, Wis. Stats., to establish the standards, conditions, and any educational requirements that must be met by a dentist in order to induce anesthesia in connection with the practice of dentistry. Presently, those standards are set forth in Chapter DE 11. The proposed rules better identify the different levels of anesthesia, including nitrous oxide, anxiolysis, conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia, and the requirements for each level. This proposal is intended to ensure that practitioners are adequately trained before they induce anesthesia and that the public is sufficiently protected.

Related statute or rule:

There are no related statutes or rules other than those listed above.

Plain language analysis:

The purpose of this rule is to establish and modify the training, certification staffing requirements for administering sedation and anesthesia at all levels performed in the

- 2. Suction and backup system.
- . 3. Auxiliary lighting system.
 - 4. Gas storage facilities.
- 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
- 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.
- 7. Monitoring equipment including a pulse oximeter, blood pressure cuff, and precordial or pretracheal stethoscope.
- 8. An EKG if administering deep sedation or general anesthesia.
 - (b) A recovery room containing all of the following:
- 1. Oxygen and supplemental gas-delivery system capable of delivering positive pressure oxygen ventilation.
 - 2. Suction and backup system.
 - 3. Auxiliary lighting system.
 - 4. Wheelchair.
- 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
- 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.
- (2) Nothing in this section shall be construed to prevent an operating room from also being used as a recovery room, nor shall it be construed to prevent the sharing of equipment between an operating room and a recovery room, provided all the required equipment is in the room being used.
- DE 11.09 Standards of care. (1) Before the administration of any type of sedation a complete written medical history shall be obtained from each patient. The medical history shall identify any medications a patient is taking and any allergies to medication a patient has.

- (2) The recording of a time-oriented anesthesia record including appropriate vital signs, blood pressure, pulse, and oxygen saturation q 5 minutes, is required for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia.
- (3) During the anesthesia period for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia, the oxygenation, ventilation, and circulation of the patient shall be continually evaluated, and any medications that are administered shall be documented in writing, including the dosages, time intervals, and the route of administration.
- (4) A patient shall be continually observed during the anesthesia period for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia either by the treating dentist or by qualified staff. No permit holder shall have more than one person in conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia at one time, notwithstanding patients in recovery.
- (5) Operative supervision is required for deep sedation and general anesthesia.
- (6) Qualified staff shall continuously monitor post-treatment patients before final evaluation and discharge by the dentist. Written post-operative instructions shall be given to each patient or to a responsible adult who accompanies the patient for those individuals having undergone conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia. Documentation of the post-operative instructions shall be noted in the patient's chart.
- (7) Only dentists who hold a class 1, 2 or 3 permit may administer multiple doses oral medications on any given treatment day provided that the maximum recommended dose of that medication is not exceeded and that the minimum time between doses is not less than the time necessary for the medication to reach its peak plasma level.
- (8) Any dentist whose patient lapses into conscious sedation-enteral from anxiolysis shall meet the requirements found in s. DE 11.05 and shall follow any applicable requirements in s. DE 11.09.
- (9) Unless a dentist holds a class 3 permit, he or she shall not administer any drug that has a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, ketamine, or any other similarly acting drugs.
- (10) Dentists shall maintain verifiable records of the successful completion of any and all training of staff.

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April 18, 2006

Senator Glenn Grothman, Co-Chair Joint Committee for Review of Administrative Rules 20 South State Capitol Madison WI, 53707

Dear Chairperson Grothman,

I encourage you to uphold the Senate Health Committee's partial objection to CR 04-095, relating to oral conscious sedation in dentistry.

On December 14, 2005, the Wisconsin Dental Association (WDA) as well as three Dentists testified in opposition to CR 04-095. Much of the concern that was raised centered around DE 11.09(7).

DE 11.09(7) Only dentists who hold a class 1, 2 or 3 permit may administer multiple doses of oral medications on any given treatment day provided that the maximum recommended dose of that medication is not exceeded and that the minimum time between doses is not less than the time necessary for the medication to reach its peak plasma level.

The main issue raised by the WDA and others is that the maximum dosage may not, in some cases, achieve sedation. In addition the WDA testified to the following, "The language found in the current draft is cumbersome and may prove harmful to public safety in that it may force dentists to provide the maximum recommended dose of a drug at the front end of the appointment rather than starting with a safer, lower dose and using their judgment to titrate the drug until the desired clinical effect is achieved."

The Senate Health Committee agreed with the Wisconsin Dental Association suggestion to allow for exceptions to the maximum recommended dose in "unusual circumstances." As pointed out in the testimony provided by the WDA, the American Dental Association guidelines allow for this.

In response to the concerns that were raised, the Committee voted 5-0 to request modifications to CR 04-095.

The Dentistry Examining Board sent a revised rule to the Senate Health Committee on February 7, 2006 which included a change the committee requested regarding Pediatric Advanced Life Support training and Advanced Cardiac Life Support training. However, the rule DID NOT include the requested modification regarding titration.

On February 22, 2006 the Committee voted 5-0 to partially object to the rule, specifically the Committee objected to DE 11.09 (7).

Again, I encourage you to uphold the Senate Health Committee's vote to partially object to CR 04-095.

Sincerely,

CAROL ROESSLER

State Senator 18th Senate District

adopted 4/18/06

Motion

The Joint Committee for Review of Administrative Rules, pursuant to s. 227.19 (4) (d) 6. and (5) (d), Stats., objects to proposed s. DE 11.09 (7) in Clearinghouse Rule 04-095.

4963/1

2005 - 2006 LEGISLATURE

lu: 4/24/06

Due: Wed Pm

LRB-4962/? PMNE

CTS:

PRELIMINARY DRAFT NOT READY FOR INTRODUCTION

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AN ACT ...; relating to: the administration by a dentist of oral medication to

induce conscious sedation.

Analysis by the Legislative Reference Bureau

Current law requires the Dentistry Examining Board (board) to establish, by rule, standards and educational requirements (in addition to the education required for licensure to practice dentistry) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry.

This bill prohibits the board from promulgating a rule that prohibits a dentist from administering a dose of an oral medication to induce conscious sedation that exceeds the maximum recommended dose.

This bill is introduced as required by s. 227.26 (2) (f), stats., in support of the action of the Joint Committee for Review of Administrative Rules in suspending section DE 11.09 (7), Wis. Adm. Code, on April 18, 2006. The suspended rule provided that a dentist may not exceed the maximum recommended dose of an oral medication.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1

SECTION 1. 447.02 (2) (b) of the statutes is amended to read:

447.02 (2) (b) The standards, conditions, and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry, except that the examining board may not promulgate a rule that prohibits a dentist from administering a dose of an oral medication to induce conscious sedation that exceeds the maximum recommended dose of the medication.

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(END)

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-4963/1dn CTS:

Rep. LeMahieu:

This draft is identical to LRB-4962/1.

Christopher T. Sundberg Legislative Attorney Phone: (608) 266–9739

E-mail: christopher.sundberg@legis.state.wi.us

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-4963/1dn CTS:jld:pg

April 25, 2006

Rep. LeMahieu:

This draft is identical to LRB-4962/1.

Christopher T. Sundberg Legislative Attorney Phone: (608) 266–9739

E-mail: christopher.sundberg@legis.state.wi.us



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State of Misconsin 2005 - 2006 LEGISLATURE

LRB-4963/1 CTS:jld:pg

2005 BILL

AN ACT to amend 447.02 (2) (b) of the statutes; relating to: the administration

by a dentist of oral medication to induce conscious sedation.

Analysis by the Legislative Reference Bureau

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(END)